

NY STATE CLIENT SEMI-ANNUAL REPORT

Marking Instructions: Please type or use blue or black ink pen.
 Completely fill in one circle.
 Print legible numbers and block letters, no script.

COMPLETE ALL SECTIONS
 before submitting or form will be returned.

I Reporting Information

Year: 2013

Fill in circle if amendment ☐

Report Period: ☒ January/June ☐ July/December

Type of Lobbying: ☒ Nonprocurement ☐ Procurement ☐ Both

Client Filing Fee Check Number:

FOR OFFICE USE ONLY

CHK# 1028 50-

Cjn

II: Elevator Industries Association, Inc.

131957 ENT'D AUG 08 2013
 RECEIVED JUL 15 2013

II Client Information

Name: ELEVATOR INDUSTRY ASSOCIATION

Permanent Business Address: 10 Jayne Way

City: NORWALK

State: CT

ZIP code: 06851-2341

Business Phone: 203-247-1734

Fax Number:

Third Party Beneficiary (see instructions):

III Lobbyist(s) Information & Compensation (Current Period Only)

Any individual or organization that has lobbied on behalf of the client must be reported below, regardless of whether the threshold was exceeded by that individual or organization.

A Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☒ State Lobbying ☐ Local Lobbying ☐ Both

Name: PARK STRATEGIES, LLC

Phone Number: 212-883-5608

Address: 101 PARK AVENUE, SUITE 2506

City: NEW YORK

State: NY

ZIP code: 10178

Compensation for current period: \$36000 .00

B Type of Lobbyist: ☒ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☒ Local Lobbying ☐ Both

Name: HERRICK, FEINSTEIN LLP

Phone Number: (212) 592-1442

Address: 2 Park Ave.

City: New York

State: NY

ZIP code: 10016

Compensation for current period: \$30000 .00

C Type of Lobbyist: ☐ Retained ☐ Employed ☐ Designated

Level of Gov't: ☐ State Lobbying ☐ Local Lobbying ☐ Both

Name:

Phone Number:

Address:

City:

State:

ZIP code:

Compensation for current period: \$.00

☐ Continued on attached pages

D TOTAL COMPENSATION of ALL lobbyists for current period.....(A+B+C+addendum sheets): \$66000 .00

IV Other Expenses (Current Semi-Annual Period Only)

A Report in the aggregate all expenses less than or equal to \$75:	\$ 0	.00
B Report in the aggregate all expenses for salaries of non-lobbying employees:	\$ 0	.00
C Itemize each expense exceeding \$75:		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
PAID TO:	DATE: / /	<input type="radio"/> Ad <input type="radio"/> Social Event
PURPOSE:	AMOUNT: \$.00	<input type="radio"/> *Addendum attached
<input type="radio"/> PROCUREMENT <input type="radio"/> NONPROCUREMENT		
<input type="radio"/> Continued on attached pages		
* If any expense listed above exceeds \$75 for an individual, you must attach the addendum page listing the expense, dollar amount attributable to the individual and the name, title and employer of the individual.		
D Total expenses for current period:	\$0 .00	(if applicable, include all expenses from attached pages in total)

V Source of Funding Disclosure

Instructions: In the event only one person or entity is listed as the Single Source for a Contribution(s), use Section A. In the event multiple persons or entities have been aggregated as a Single Source for a Contribution(s), use Section B.

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received. If more than five Contributions from the Single Source have been received, use section V(C) of the Addendum for the additional Contributions.

Contribution(s) from Single Source #1

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contribution(s) Single Source #2**

Single Source Entity's Name:

or
Single Source Person's Last Name:

First Name:

Address:

City:

State:

ZIP code:

Phone:

Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00
Date Contribution Received:	/	/	Amount of Contribution: \$	.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(A) of the Addendum to list all such Contributions: ☐

V Source of Funding Disclosure

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Contributions from Single Source #1

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: American Elevator Corp.

Entity's or Person's Address: 36-26 31st Street, LIC NY 11106

Entity's or Person's Phone: 718-784-0101

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 1 / 26 / 2013 Amount of Contribution: \$864 .00

Date Contribution Received: 3 / 20 / 2013 Amount of Contribution: \$1392 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Contributions from Single Source #2

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: BP Elevator

Entity's or Person's Address: 1400 Parker Street, Bronx NY 10426

Entity's or Person's Phone: 212-807-8200

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: 2 / 1 / 2013 Amount of Contribution: \$3360 .00

Date Contribution Received: 5 / 7 / 2013 Amount of Contribution: \$2951 .00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Date Contribution Received: / / Amount of Contribution: \$.00

Check here if using section V(C) of the Addendum for additional Contributions: ☐

Check here if using section V(B) of the Addendum for additional Related, or Affiliated Entities or Persons: ☐

Check here if there are Contribution(s) from Single Source(s) other than those listed above. Use Section V(B) of the Addendum to list all such Contributions: ☐

Designated Addendum sheet for section V(A)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

A Below, list all Contributions received from the Single Source. Include the date and the amount of the Contribution received.

Contributions from Single Source #3

Single Source Entity's Name: Centennial Elevator

or

Single Source Person's Last Name:

First Name:

Address: 23-82 BQE West

City: LIC

State: NY

ZIP code: 11103

Phone: 718-726-5900

Date Contribution Received:	2	/21	/2013	Amount of Contribution:	\$6966	.00
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Date Contribution Received:	4	/30	/2013	Amount of Contribution:	\$6852	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 4**

Single Source Entity's Name: Century Elevator Maint. Corp.

or

Single Source Person's Last Name:

First Name:

Address: 25-25 49th Street

City: LIC

State: NY

ZIP code: 11103

Phone: 718-361-5731

Date Contribution Received:	2	/2	/2013	Amount of Contribution:	\$3945	.00
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Date Contribution Received:	4	/26	/2013	Amount of Contribution:	\$3698	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐**Contributions from Single Source # 5**

Single Source Entity's Name: CESCO

or

Single Source Person's Last Name:

First Name:

Address: 4401 S. Clinton Ave

City: South Plainview

State: NJ

ZIP code: 07080

Phone: 908-561-7077

Date Contribution Received:	2	/24	/2013	Amount of Contribution:	\$566	.00
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Date Contribution Received:	4	/26	/2013	Amount of Contribution:	\$582	.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Date Contribution Received:	/	/		Amount of Contribution:	\$.00
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Check here if using section V(C) of the Addendum for additional Contributions: ☐

Designated Addendum sheet for section V(B)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure**B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.****Single Source #6**

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: Eltech Industries, Inc.

Entity's or Person's Address: 14 Van Cortland Ave. East

Entity's or Person's Phone: 718-933-0300

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	5	/27	/2013	Amount of Contribution: \$ 2673	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Single Source #7

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: McGlynn Hays & Co.

Entity's or Person's Address: 605 West 37th Street, NY NY 10036

Entity's or Person's Phone: 212-367-9598

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	3	/11	/2013	Amount of Contribution: \$ 1322	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00
Date Contribution Received:	/	/		Amount of Contribution: \$	.00

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V

B Single Source information for a Contribution(s) from multiple, Related, or Affiliated Entities.

Single Source #9

Related or Affiliated Entity or Person:

Entity's or Person's Full Name: **Nouveau Elevator Indust., Inc.**

Entity's or Person's Address: **74 Calyer Street, Brooklyn, NY 11222**

Entity's or Person's Phone: **718-349-4700**

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:	2	/21	/2013	Amount of Contribution: \$ 12544	.00
Date Contribution Received:	6	/2	/2013	Amount of Contribution: \$ 17777	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$	.00

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person :

Date Contribution Received:		/	/	Amount of Contribution: \$	.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Single Source #

Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Related or Affiliated Entity or Person:

Entity's or Person's Full Name:

Entity's or Person's Address:

Entity's or Person's Phone:

Dates and Amounts of Contributions from Entity or Person:

Date Contribution Received:		/	/	Amount of Contribution: \$.00
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Designated Addendum sheet for section V(C)

Please use the following addendum pages as continuation for the specified sections. If additional space is needed, please make a copy of this sheet.

V Source of Funding Disclosure

Instructions: Below, list all Contributions received from the Single Source or, if applicable, the Related, Affiliated Entity or Person. Include the date of the Contribution received and the amount of the Contribution.

C Single Source Information for one Person or Entity for a single Contribution.

Contributions from Single Source #8_____

Single Source(or Related or Affiliated) Entity's Name: Morgan Elevator Co., Ltd.

or
Single Source (or Related or Affiliated)Person's Last Name:

First Name:

Address: 39-23 29th Street

City: LIC

State: NY

ZIP code: 11101

Phone: 718-737-7024

Date Contribution Received: 4 / 30 / 2013 Amount of Contribution: \$4239 .00

Date Contribution Received: / / Amount of Contribution: \$.00

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Date Contribution Received: / / Amount of Contribution: \$.00

VI Subjects lobbied:

LEGISLATION PERTAINING TO ELEVATOR AND ESCALATOR SAFETY. (PARK STRATEGIES, LLC)

Elevator Licensing (HERRICK, FEINSTEIN LLP)

☐ Continued on attached pages

VII Person, State Agency, Municipality or Legislative Body lobbied:

NYS ASSEMBLY, NYS SENATE. (PARK STRATEGIES, LLC)

NYC Counsel (HERRICK, FEINSTEIN LLP)

☐ Continued on attached pages

VII Bill, Rule, Regulation, Rate Number or brief description relative to the introduction or intended introduction of legislation or a resolution on which you lobbied:

S2917AC A5233B.

☐ Continued on attached pages

VIII Title and Identifying Numbers of procurement contracts/documents lobbied:

N/A

☐ Continued on attached pages

IX Number or Subject Matter of Executive Order of Governor/Municipality lobbied:

N/A

☐ Continued on attached pages

X Subject Matter of and Tribes involved in tribal-state compacts, etc lobbied:

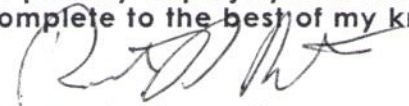
N/A

☐ Continued on attached pages

XI Declaration

This Declaration must be signed by the Chief Administrative Officer. (If the Chief Administrative Officer, for any reason, does not sign, he/she must duly designate another person to sign this Declaration.) **(See instructions.)**

I declare under penalty of perjury that the information contained in this report is true, correct, and complete to the best of my knowledge and belief.

X SIGNATURE:  DATE: 7/12/13

PRINT NAME: LAST MARTIN FIRST ROBERT

TITLE: PRESIDENT

Mark One: ☒ Chief Administrative Officer ☐ Designee(Attach Letter)

The following MUST be attached to this report at the time of submission:

- You must attach a **\$50 dollar filing fee** to each semi-annual report. (No fee is required for amendments to the original)
- If applicable, a designation letter if you have marked designee in section XI.
- If applicable, continuation sheets for sections III, IV, V, VI, VII, VIII, IX and X.

PLEASE NOTE You may be assessed up to \$25 for each day this report is late.